

Smog Check Consumer Assistance Program Application Package



The Department of Consumer Affairs, Bureau of Automotive Repair may be able to give you financial assistance if your vehicle needs Smog Check repairs.

The Consumer Assistance Program (CAP) helps vehicles meet California emission standards. CAP not only helps consumers, it also helps clean our air.

CAP CHECKLIST

To qualify, your vehicle:

- Must have failed a “biennial” (every other year) Smog Check. (Aborted, manual mode and training mode tests do not qualify.)
- Must **not** have a “tampered” emissions-control system.
- Must **not** be in the process of being sold, or in the process of being registered in California for the first time.
- Must **not** be registered to a non-profit organization, or a business.

If you checked every box, look inside for more details and a CAP application.

**YOUR APPLICATION MUST BE APPROVED
BEFORE YOU CAN RECEIVE CAP ASSISTANCE.**

Visit the Bureau of Automotive Repair online at www.smogcheck.ca.gov

Smog Check Consumer Assistance Program

If your vehicle needs emissions-related repairs in order to comply with Smog Check standards, you may be eligible for **up to \$500** under one of the following Consumer Assistance Program options:

1) **Repair Assistance — Income Eligible Applicant:**

Your household income is not more than the maximum amount shown in the “Income Eligibility Table” to the right.

If you qualify, you must pay the first \$20 toward the diagnosis and repair of your vehicle. The state will then contribute **up to \$500** in emissions-related diagnostic and repair services to your vehicle at a CAP-approved station.

You will also need to provide a copy of **any one** of the following documents to verify your income eligibility.

- ❖ A copy of your completed federal or state income tax form (Form 540 or 1040) from the most recent tax year.

-OR-

- ❖ A copy of a paycheck stub reflecting your year-to-date earnings, hours worked, and hourly wage.

-OR-

- ❖ A copy of an unemployment, veterans benefits, or disability check issued to you within the past 60 days.

-OR-

- ❖ A copy of a bank statement issued to you within the past 60 days reflecting a deposit of Social Security or Public Assistance.

-OR-

- ❖ A letter from the issuing agency stating that you receive **any one** of these benefits:

- Supplemental Security Income (SSI); or
- Temporary Assistance for Needy Families (TANF); or
- State Supplemental Payments (SSP); or
- California Work Opportunity and Responsibility to Kids (CalWORKs); or
- General Assistance (GA) or General Relief (GR); or
- Publicly subsidized medical coverage (Medicare or Medi-Cal).

2) **Repair Assistance — Test-Only Eligible Applicant:**

Your registration renewal notice indicates that your vehicle is required to have its Smog Check inspection at a Test-Only station.

If you qualify, you must pay the first \$100 toward the diagnosis and repair of your vehicle. The state will then contribute **up to \$500** in emissions-related diagnostic and repair services to your vehicle at a CAP-approved station.

Income Eligibility Table*			
Number of People in Household**	Maximum ANNUAL Gross Household Income		Maximum MONTHLY Gross Household Income
1	\$16,613	- OR -	\$1,384
2	\$22,422	- OR -	\$1,869
3	\$28,231	- OR -	\$2,353
4	\$34,040	- OR -	\$2,837
5	\$39,849	- OR -	\$3,321
6	\$45,658	- OR -	\$3,805
7	\$51,467	- OR -	\$4,289
8	\$57,276	- OR -	\$4,773
For more than 8, add the following amount for each individual:			\$484
* The Income Eligibility Table is adjusted each February.			
** “Household” means all family members or other persons who reside together and share common living expenses — BE SURE TO INCLUDE YOURSELF!			

If you are both Test-Only Eligible and Income Eligible, apply as an Income Eligible applicant, and you will only have to pay the first \$20 toward the diagnosis and repair of your vehicle.

Consumer Assistance Program Application Instructions

1) Fill out the application form on page 4.

Check the option box in Section 1 that applies to you.

- ❖ If you are an Income Eligible applicant, check the “**REPAIR ASSISTANCE: INCOME ELIGIBLE APPLICANT**” box and completely fill out Sections 2 through 5.
- ❖ If you are a Test-Only Eligible applicant, check the “**REPAIR ASSISTANCE: TEST-ONLY ELIGIBLE APPLICANT**” box and completely fill out Sections 2 through 4.

2) Sign and date the application.

3) Include the following documents with your signed application:

- ❖ A copy of your current vehicle registration renewal notice from DMV.
- ❖ Copies of invoices for any emissions-related repairs that may have been performed at a licensed Smog Check station prior to applying to the Consumer Assistance Program. This information may only be used to credit your required co-payment and will **not** be reimbursed to you.
- ❖ Income Eligible applicants must include **any one** of the income verification documents listed on page 2.

4) Mail your application and required documents to:

**Bureau of Automotive Repair
Consumer Assistance Program
10240 Systems Parkway
Sacramento, CA 95827**

5) Wait until your application is reviewed for eligibility and has been approved before having any repairs done to your vehicle.

You will not be reimbursed for any repairs performed on your vehicle prior to having your application approved.

6) If your application is approved...

You will receive an eligibility letter and information about where you can take your vehicle for repairs. Only repairs that have been authorized to be done at a CAP-approved station are eligible for the Consumer Assistance Program.

If you have questions regarding this application or need assistance completing it, please call:

1-866-272-9642

SMOG CHECK CONSUMER ASSISTANCE PROGRAM APPLICATION



Please fill out the application completely. Incomplete applications cannot be processed.

SECTION 1 — PROGRAM SELECTION

Please check one:

- REPAIR ASSISTANCE: INCOME ELIGIBLE APPLICANT** — If this box is checked, complete Sections 2-5, sign and date the application. Mail the application with the required documents to the address at the bottom of the page.
- REPAIR ASSISTANCE: TEST-ONLY ELIGIBLE APPLICANT** — *(Note: Test-Only Eligible applicants should apply as Income Eligible applicants, if they qualify.)* If this box is checked, complete Sections 2-4, sign and date the application. Mail the application with the required documents to the address at the bottom of the page.

SECTION 2 — REGISTERED VEHICLE OWNER INFORMATION

Last Name, Registered Owner		First Name		Middle Init.	Driver's License or I.D. Number	
Street Address		Apt.	City	State	ZIP	Daytime Phone Number ()
Last Name, Joint Registered Owner (if applicable)		First Name		Middle Init.	Driver's License or I.D. Number	

SECTION 3 — VEHICLE INFORMATION

Vehicle Year	Make	Model	Vehicle Identification Number (VIN)	California License Plate Number
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SECTION 4 — VEHICLE REPAIR INFORMATION (for crediting consumer co-pay only)

I have spent \$ _____ on emissions-related repairs at _____ in an effort to pass my current Smog Check (attach invoices). (Name of Smog Check Station)

SECTION 5 — INCOME INFORMATION (for Income Eligible applicants only)

Number of people living in your household (include yourself) # _____	Head of Household? (Please check one) Yes <input type="checkbox"/> No <input type="checkbox"/>
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STEP 2 — Determine whether you are eligible.

STEP 1 — Add the Total Gross Income for all household members, including yourself.

Wages	\$ _____
Welfare/Unemployment Payments	\$ _____
Social Security Payments	\$ _____
CalWORKs Payments	\$ _____
TANF Payments	\$ _____
Other Income	\$ _____
Total Gross Income	\$ _____

(A) Total Gross Income (from STEP 1)	\$ _____
(B) Maximum Household Income from "Income Eligibility Table" on page 2)	\$ _____

If the amount on Line A exceeds the amount on Line B, you are not eligible for repair assistance. If the amount on Line A is less than or equal to the amount on Line B, please date and sign the application. Be sure to include with your application a copy of one of the documents (listed on page 2) that verify your income eligibility.

I acknowledge that the information provided on this application will be used to assess and verify my eligibility for assistance. My signature gives consent for this information to be shared with other government agencies. I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information on this application is true and correct. I understand that submitting false information may result in a criminal conviction or in a civil penalty of not less than \$150 and not more than \$1,000, and that I will not be eligible to receive future assistance. I further understand and agree that if my vehicle does not meet all program requirements, it will not be permitted into the Consumer Assistance Program.

Registered Owner's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____
(If Applicable)

**Mail your application
and required documents to:**

**Bureau of Automotive Repair
Consumer Assistance Program
10240 Systems Parkway, Sacramento, CA 95827**

Detach here